

Enhancing Breastfeeding Mothers' Knowledge and Expertise in Lactation Management in Menayu Village as a Child-Friendly Village

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Abstract

Menayu Village, Muntilan District, Magelang, became the pilot village as a Child Friendly Village (DLA). However, it does not meet the requirements as a DLA, especially in fulfilling children's rights in the cluster of children's basic health rights, such as the coverage of exclusive breastfeeding, which does not match the national percentage, there are health cadres, but they do not focus on lactation issues. The purpose of this activity is to provide lactation management training to increase knowledge and skills among breastfeeding mothers. The method used is the Participatory Rural Appraisal (PRA) model, which was carried out for three months in Menayu Village, the number of participants in this activity was 15-20 breastfeeding mothers and health cadres. The activity was carried out through the first stage, namely program socialization involving the village head, village midwife, and health cadres in the village. The second stage is counseling and training in lactation management skills, including the importance of exclusive breastfeeding, problems that occur during breastfeeding, skills in the form of oxytocin massage, how to express breast milk, and how to store breast milk. Finally, the assistance stage is followed by monitoring and evaluation. The results of lactation management training activities for breastfeeding mothers can increase their knowledge and skills in lactation management. This activity is an effort to fulfill children's rights in an effort to fulfill children's basic health rights in the process of growth and development in child-friendly villages in Menayu Village.

Keywords: PRA, lactation management training, breastfeeding mothers, cadres, exclusive breastfeeding, child-friendly villages.

A. Introduction

In 2018, Menayu Village, located in Muntilan District, Magelang Regency, was designated as a pilot village for Child Friendly Villages (DLA). Menayu Village has four hamlets, namely Jambean Hamlet, Sorogenen Hamlet, Pejanten Hamlet, and Menayu Hamlet. Menayu Village is one of the villages designated as child-friendly, but it does not yet meet the requirements to become a DLA village. There are six clusters to fulfill children's rights, which include civil rights and freedoms, basic health and welfare, education, family environment and care, use of free time, cultural activities, and special protection [1]. One of these clusters is the basic health cluster, which must be met, including supporting the growth and development of children, facilitating the optimization of their health. Menayu Village already has health cadres who support exclusive breastfeeding activities, but the efforts made have not been optimal, as evidenced by the coverage rate for exclusive breastfeeding, especially in Magelang Regency in 2020, which is still below the national coverage of 80%. In order to make DLA a reality, the participation of all elements in the village is required, so as to create a child-friendly village and achieve the desired protection of children's rights [2]. Providing understanding and skills to breastfeeding mothers as a direct object in efforts to increase breastfeeding coverage to encourage child growth and development is very important as one of the efforts to fulfill children's rights in the basic health cluster. A study states that there is an influence on the level of knowledge of breastfeeding mothers about exclusive breastfeeding in efforts to prevent stunting, and the way to do that is to provide counseling and create a program in the form of training on exclusive breastfeeding for mothers to increase mothers' knowledge of breastfeeding [3]. Increasing breastfeeding mothers' understanding and skills will be accomplished with the help of environmental health cadres. Trained cadres will have better knowledge about lactation management, the knowledge gained will then be applied in the process of assisting breastfeeding mothers. Aside from that, efforts can be made to form ASI Support Groups in which

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assistance is provided by community cadres, making it easier to approach the community [4]. Therefore, it is important to provide information in the form of knowledge and skills to breastfeeding mothers through health education activities and continue to provide assistance to breastfeeding mothers to provide knowledge about the importance of exclusive breastfeeding, problems that occur during breastfeeding, and how to overcome these lactation problems. and provide skills on how to increase milk production, massage oxytocin, express breast milk properly, and properly store breast milk.

B. Research Methods

The method in this community service activity is participatory community empowerment with the Participatory Rural Appraisal (PRA) model. The PRA method used in this service has three stages [5]. The first stage is the introduction of problems or community needs and the potential possessed by the community. At this stage, identification of various problems faced by partners is indicated on all DLA indicators [6]. The method for identification is by observation and interviews with related parties, namely the Menayu Village head, the partner group, namely the village midwife, and the Working Group of the PKK. The second stage is the formulation and prioritization of problems that will have a joint solution. The results of the problems that have been identified are then discussed through FGDs with the three partner groups (Pokja PKK Kepanjen Hamlet, Sorogenen Hamlet, and Jambean Hamlet) with the Village Head and the Village Midwife to determine the priority issues to be resolved in this community service program. The third stage is to identify alternative solutions to problems or develop joint ideas.

This stage in PRA requires collaboration with related parties, one of which is health cadres or village assistants for coordination and collaboration in forming communication forums and working groups to conduct studies of problems, potential, and prospects in developing village communities [7]. Discussions between the proposing team, partners, and the village head and village midwife. The Muntilan sub-district government is also used to determine alternative solutions to problems that have been prioritized. After these three stages have been carried out, the next step is the implementation of activities and evaluation monitoring. For implementation, activities include socialization, counseling, and training, followed by monitoring and evaluation.

C. Result and Discussion

This activity was carried out for three months involving the village head, village midwife, health cadres and breastfeeding mothers in the four hamlets of Menayu Village. The results of this community service activity will be conveyed based on the stages carried out.

1. Program Outreach

The stages of implementing this community service activity began with the socialization of activities to partners, in this case the Menayu Village Head, the Menayu Village Midwife, and health cadres who were involved in community service activities. This activity was carried out with the aim of conveying the work program to be carried out by the service team. The activities to be carried out were conducting health counseling and skills training for breastfeeding mothers, which were part of a series of major activities in the third year grant. This activity, in this case, will involve health cadres and village midwives. On this occasion, a timeline of activities to be carried out within these three months was discussed. This activity is part of the implementation of the PRA method in a series of community services [8]. At this stage, the activity does not involve breastfeeding mothers because this process requires coordination with midwives and cadres who have previously been trained to conduct lactation counseling.

**Figure 1.** Socialization of Activities

Figure 1 shows that the Head of Menayu Village and the community service team from UNIMMA are seen in Figure 1 at the start of the socialization activity. Local midwives and Menayu village health personnel participated in this activity.

Providing training to health cadres on lactation management will increase their knowledge and skills. These health cadres can be referred to as extensions of the health workers, because the cadres have been given health education so as to increase their knowledge and have been trained by health workers; they are also involved in implementing posyandu programs or other health center programs, which are carried out in every village or sub-district [9]. During the training, these cadres were provided with a lactation management training module to increase their understanding of the material independently. [10]. This training module serves as a medium for health education for cadres and nursing mothers who need it.

2. Counseling and Training

Counseling for breastfeeding mothers was carried out during posyandu activities held in one of the RWs' homes in Menayu Hamlet. This activity was attended by 20 breastfeeding mothers, 5 cadres, 1 village midwife, and a community service team from UNIMMA. Counseling activities began by conducting a pretest on participants with a written test that provided a total of 20 multiple-choice questions. Then proceed with health education about the importance of exclusive breastfeeding, the problems that occur during breastfeeding, and how to overcome these lactation problems. Then a posttest was carried out to find out the extent to which knowledge was achieved from the health education provided.

**Figure 2.** Health Education

The second activity, counseling about exclusive breastfeeding and issues that arise during nursing, is depicted in Figure 2. It was attended by village health personnel and breastfeeding moms.

The following is a table of the results of the pre- and post-test evaluation of health education, as follows:

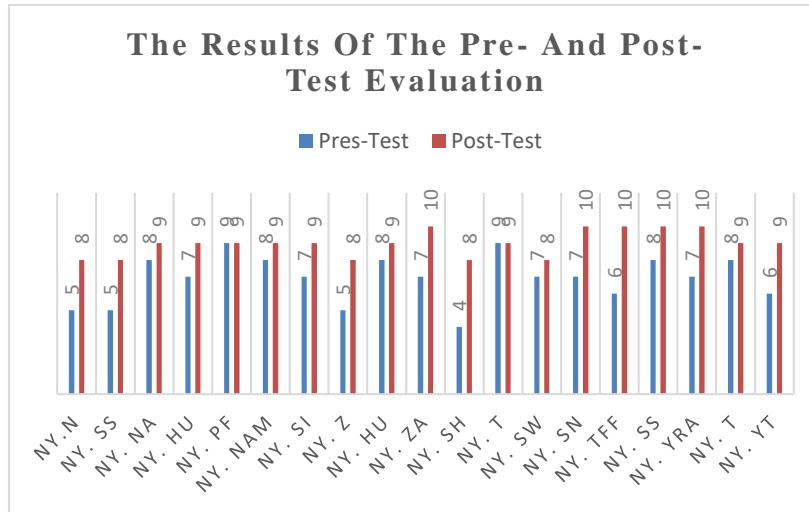
**Figure 3.** Pre-Post Health Education Outcomes

Figure 3 above describes the results of the pretest, with an average score of 6.9 and an average posttest score of 8.85, so that a difference in score increase of 1.95 is obtained. 100% of participants who took part in counseling activities experienced an increase in this score, so it can be concluded that health counseling about lactation management among breastfeeding mothers increases breastfeeding mothers' knowledge regarding lactation management.

This community service activity is then continued with skills training for breastfeeding mothers, which includes proper breastfeeding methods, how to massage oxytocin, how to express breast milk properly, and how to store breast milk properly. This method is commonly used to improve the skills of trainees, as was the case in a study on lactation management training activities for pregnant and lactating women in Sokaraja, where this activity was carried out using demonstration methods by presenters or resource persons and continued with demonstrations by training participants. Through the demonstration method of what has been demonstrated, the service team then demonstrates or practices the correct breastfeeding technique. In this method, the community service team brings media in the form of dolls (mannequins) to practice good breastfeeding techniques. The findings of this study have been shown to significantly improve trainee knowledge [11].

**Figure 4.** Breastfeeding Skills Training

Figure 4 depicts lactation management training exercises for breastfeeding moms who are accompanied by health professionals, including the proper method to nurse, how to massage oxytocin, how to express breast milk effectively, and how to store breast milk.

The result of this activity was the improvement of the breastfeeding skills of mothers through an evaluation in the form of observations made by the community service team when the participants demonstrated their

skills. The following is the result of observations of the training participants using the checklist that was made by the team to assess whether the participants have performed the skills (one of which is oxytocin massage, correct breastfeeding, expressing breast milk, and storing breast milk) according to the Standard Operating Procedures (SOP) as follows:

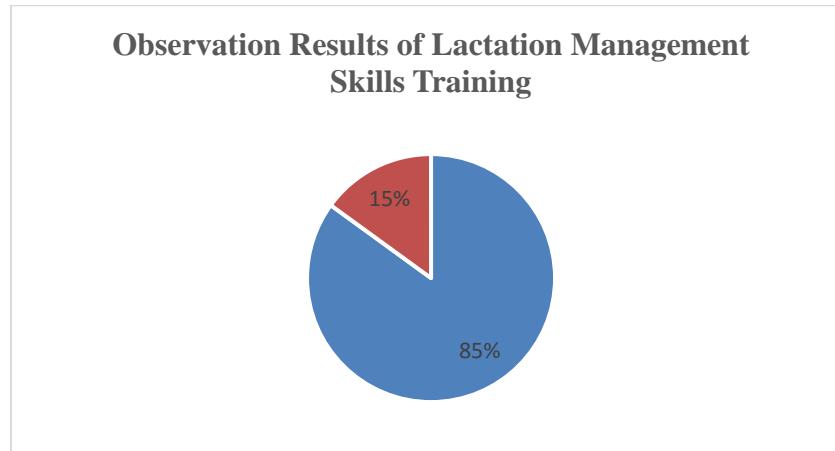


Figure 5. Results of the Evaluation of the Lactation Management Skills Training

Based on Table 2, it is known that as many as 15% of the 20 participants were still not in accordance with the SOP and as many as 85% of them were in accordance with the SOP. Providing lactation management training to breastfeeding mothers will have a long-term impact in the form of a contribution to increasing the percentage of exclusive breastfeeding coverage [12]. Apart from that, in realizing child-friendly villages, this training activity can help fulfill children's rights to obtain appropriate care and achieve optimal health status in the process of growth and development [4]. Therefore, in community service activities to foster understanding and skills in participants, training can be given using demonstrations and demonstration methods. According to one article, there is a link between a mother's knowledge of exclusive breastfeeding and her level of education, with the higher the mother's knowledge of exclusive breastfeeding, the better [13].

3. Assistance

After conducting skills training related to lactation management, assistance is then carried out by the community service team. This assistance is carried out at posyandu activities and during visits to nursing mothers' homes. Assistance is carried out by the service team and health cadres who have received lactation counseling training. The results of this mentoring activity were carried out through observing breastfeeding mothers practicing breastfeeding and oxytocin massage, with the result that it was concluded that 5 breastfeeding mothers from 4 observed hamlets could carry out lactation management practices well.



Figure 6. Mentoring Activities

Figure 6 is the assistance activities carried out by breastfeeding mothers at their homes and at posyandu activities carried out with health cadres.

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Assistance to breastfeeding mothers is commonly carried out in a series of service activities, starting with outreach, training, and continuing with assistance, with the aim that the knowledge already possessed by health cadres in counseling can be applied here, and breastfeeding mothers who have received lactation management training can also practice their knowledge on themselves [11]. In a study, it was stated that in community service activities in the implementation of the elderly Posyandu, the third stage was assistance to Posyandu participants consisting of adults (pralansia) and the elderly by carrying out various activities, besides that, assistance was also carried out to cadres in the implementation of the toddler Posbang, in Bangetayu Genuk Semarang, in its implementation in cooperation with the local community health center [14].

4. Monitoring and Evaluation

The conclusion of this series of community service activities is monitoring and evaluation. This activity was carried out by observing the activities carried out directly during the assistance, followed by an evaluation of the program of activities with village cadres and midwives. The results obtained in the form of all planned service programs have been implemented as a whole with generally good results.



Figure 7. Activity Monitoring and Evaluation

Figure 7 is a monitoring and evaluation activity for all community service activities that have been carried out, this activity was carried out by the service team and the health cadres involved

Seeing that everything is going well, in the future it can be followed up by carrying out activities in accordance with current trends, where young mothers are already using social media in their daily activities. Therefore, for more information, you can use social media, such as forming WhatsApp groups, using Facebook or Instagram, to disseminate further information. This is supported by a study that states that breastfeeding support received in Facebook groups can compensate for inadequate support received in mother networks [15].

D. Conclusion

Lactation management training activities for breastfeeding mothers require coordination and facilitation from related parties. At the socialization stage, the program involved the village head, village midwife, and health cadres in the village. At the stage of counseling and training in lactation management skills, it includes providing knowledge about the importance of exclusive breastfeeding, about problems that occur during breastfeeding, how to deal with lactation problems, and providing skills on how to increase milk production, massage oxytocin, express breast milk correctly, and store good breast milk. This stage requires collaboration in its implementation with health cadres, while the mentoring stage is also carried out together with cadres and service teams. Lactation management training activities for breastfeeding mothers have been proven to increase the knowledge and skills of breastfeeding mothers in lactation management. This

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activity is an effort to fulfill children's rights in an effort to fulfill children's basic health rights in the process of growth and development in child-friendly villages in Menayu Village.

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